PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number P06090US00 DECLARATION FOR UTILITY OR First Named Inventor **DESIGN** BOYLE, Kenneth C. PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted Submitted after Initial **Art Unit** With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) **Examiner Name** required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: STAND MIXER WITH CONTROL PANEL (Title of the Invention) the specification of which 1 is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date Priority Certified Copy Attached? Country (MM/DD/YYYY) Number(s) **Not Claimed** Yes

[Page 1 of 2] This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

PTO/SB/01 (06-03)
Approved for use through 07/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Custome	r Number: 2	7139 .		OR 🔲	Corresp	ondence address below
Name							
Address							
City			State				ZIP.
Country		Telephone			Fax		
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardize	true; and furt de are punishat	ther that these stated	tements onment,	were	made with t th, under 18 U	he kno	wledge that willful fals
NAME OF SOLE OR FIRST IN	VENTOR:	ПА	etition h	nas bee	en filed for this	s unsiar	ned inventor
Given Name	,			F	amily Name		
(first and middle [if any])	К	ENNETH C.		O	r Sumame		BOYLE
Inventor's Signature	des	igh.					Date 12/01/03
Residence: City NEWTON	State	iA	Count	try	US	Citizer	nship US
Mailing Address 721 WEST 9	TH STREET S	OUTH					
City	State	·		ZIP			Country
NEWTON		<u>, и</u>	, 		50208		US
NAME OF SECOND INVENTO)R:	·		A pe	etition has bee	n filed f	for this unsigned inventor
Given Name (first and middle [if any])	A	NNETTE D.			mily Name Surname		BRAVARD
Inventor's Signature	wD	Soward	/				Date 2/263
Residence: City	State	ОН	Coun	try	US	Citize	nship US
MASSILLON Mailing Address 6052 GREAT	L COURT CIRCI		<u> </u>			<u> </u>	
Mailing Address 6052 GREAT COURT CIRCLE NW							
City	State			ZIP		Coun	try
MASSILLON		ОН	İ		44646		US
Additional inventors or a legal re	Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.						

PTO/SB/02A (05-03)

Approved for use through 04/30/2003, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S)

DECLARATION	Supplemental Sheet Page — 1 1					
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any)		Family Name or	Surname			
ROB P.		Family Name or Surname BRUECKNER				
Inventor's Proto P. Briginature	Vnu Date 12/01/03					
Residence: City JOHNSTON	State	IA Co	Country US Citizenship US			
Mailing Address 6656 COMPTON COURT						
Mailing Address						
City JOHNSTON	State	IA -	Zip 50131	Country	us	
Name of Additional Joint Inventor, if any:		A petition	has been filed for this	unsigned inv	entor	
Given Name (first and middle (if any)		·	Family Name or	Sumame		
BRIAN K.		LINSTEDT				
Inventor's Signature		Date				
Residence: City OSTRANDER		ОН	OH Country US US Citizet			
Mailing Address 540 STATE ROUTE 257 SOUTH					_	
Mailing Address 540 STATE ROUTE 257 SOUTH						
City OSTRANDER	State	OH Zip 43061		Country US		
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any)		Family Name or Surname				
ЈОНN J.		KNITTLE				
Inventor's Signature		Date	Date			
Residence: City WESTERVILLE Sta		OH	Country US		US Citizenship	
Mailing Address 5380 ULERY ROAD						
Mailing Address						
City WESTERVILLE St		e OH Zip 43081		Country	us	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/02A (05-03) Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIO Supplemen		INVENTOR(S)	Page -	1of	
Name of Additional Joint Inventor, if any:	101	A pet	lition h	nas been filed for this u	ınsigned inv	entor
Given Name (first and middle (if any)		Family Nam	ne or S	Surname		· .
ROB P:	<u></u>			BRUE	CKNER	
Inventor's Signature			Date		Date	·
Residence: City JOHNSTON	State	IA	Cour	ntry US	Citizenship	US
Mailing Address 6656 COMPTON COURT						
Mailing Address		- <u>-</u>				
City JOHNSTON	State	IA ·		Zip -50131	Country	us
Name of Additional Joint Inventor, if any:		A pe	tition h	nas been filed for this u	unsigned inv	/entor
Given Name (first and middle (if any)		Family Name or Sumame				
BRIAN K.			LINSTEDT			
Inventor's Signature Sunt Suntable	+	Date 12	2/03	3/03		
Residence: City OSTRANDER Sta		ОН		Country US		US Citizenship
Mailing Address 540 STATE ROUTE 257 SOUTH		_				
Mailing Address 540 STATE ROUTE 257 SOUTH		•	,			
City OSTRANDER	State	OH Zip 43061 C		Country	us	
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any)		Family Name or Surname				
JOHN J.		KNITTLE				
Inventor's Adul Kuntt	Date 12/03/03					
		∍ OH		Country US		US Citizenship
Mailing Address 5380 ULERY ROAD						
Mailing Address				<u> </u>		
City WESTERVILLE State		е ОН		Zip 43081	Country	US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) inside this box ---

→	+
----------	---

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	BOYLE, Kenneth C.	•
Group Art Unit		
Examiner Name		
Attorney Docket Number	P06090US00	

I hereby appoint:					
Practitioners at Customer Number OR Practitioner(s) named below:	Place Customer Number Bar Code Label here				
Name	Registration Number				
· <u>.</u>					
as my/our attorney(s) or agent(s) to prosecut business in the United States Patent and Tra	e application identified above, and to transact all nark Office connected therewith.				
Please change the correspondence address f The above-mentioned Customer Number OR	ne above-identified application to:				
Firm or					
Individual Name					
Address	· · · · · · · · · · · · · · · · · · ·				
Address City	State Zip				
Country	Julie Zip				
Telephone	Fax				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.					
	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record					
Name KENNETH C. BOYLE					
Signature MANATOSeva					
Date (2/4) 1 1 3					
NOTE: Signatures of all the inventors of assignees of record of the entire interest r their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
✓ *Total of5forms are submitted.					

Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date•		
First Named Inventor	BOYLE, Kenneth C.	
Group Art Unit		
Examiner Name		
Attorney Docket Number	P06090US00	

		·					
l hereby a	appoint:	_		_		Place Customer	ן ין
	titioners at C	Sustomer Number	27139	_]-		Number Bar Code	
OR Proof	titioner(s) na	med helow:		•	į	Label here	ا لـ
	illonei(s) na	Name		T	Pogietra	tion Number	
 		Name		+	Registra	tion Number	
				1			j
	- 41 (2)		4b!:4::				
		r agent(s) to prosecute States Patent and Trad					
Diagra sha	the come	espondence address fo	r the chave idea	tifical a	nalication	40.	
		ed Customer Number.		uneu a	ppiication		
				•.			
OR Firm or		<u> </u>					
	al Name						
Address							
Address	·					· · · · · · · · · · · · · · · · · · ·	
City				State		Zip	
Country	· · ·	·	· · · · · · · · · · · · · · · · · · ·		.		
Telephone				Fax]	<u>:</u>		
l am the:							
L ∠l App	licant/Invent	or.					
☐ Ass	ignee of reco	ord of the entire interes	t. See 37 CFR 3.	.71.		.	
Stat	tement unde	r 37 CFR 3.73(b) is end	closed. (Form P1	O/SB/	96).		
SIGNATURE of Applicant or Assignee of Record							
Name ANNETTE D. BRAVARD							
Signature Another Bravaro							
Date 12103							
NOTE: Signature	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
2 "Total of							

Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	BOYLE, Kenneth C.
Group Art Unit	
Examiner Name	
Attorney Docket Number	P06090US00

I hereby appoint:					
	Customer Number 27139 amed below:	Place Customer Number Bar Code Label here			
	Name	Registration Number			
		·			
as my/our attorney(s) business in the United	or agent(s) to prosecute the application in States Patent and Trademark Office con	dentified above, and to transact all nected therewith.			
	respondence address for the above-ident ned Customer Number.	tified application to:			
Firm or Individual Name					
Address					
Address					
City		State Zip			
Country					
Telephone		Fax			
l am the: Applicant/Inver	ntor.				
Assignee of re Statement und	cord of the entire interest. See 37 CFR 3. Ier 37 CFR 3.73(b) is enclosed. (Form P7	.71. TO/SB/96).			
	SIGNATURE of Applicant or Assign	nee of Record			
Name ROB P. BRUECKNER					
Signature Hob P. William					
Date (2/01/03					
NOTE: Signatures of all the inv forms if more than one signatu	refitors or assignees frecord of the entire interest ire is required, see below.	t or their representative(s) are required. Submit multi			
✓ *Total of 5	✓ *Total of 5forms are submitted.				

Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Number	
Filing Date-	
First Named Inventor	BOYLE, Kenneth C.
Group Art Unit	
Examiner Name	
Attorney Docket Number	P06090US00

		·				
I hereby appoint:		Place Customer				
	t Customer Number 27139	Number Bar Code				
OR	named below	Label here				
Practitioner(s)		Registration Number				
	Name	Registration Number				
		double of above and to transport all				
	or agent(s) to prosecute the application in d States Patent and Trademark Office con					
Please shapes the se	rrespondence address for the above-ident	ified application to:				
	oned Customer Number.	ined application to.				
Firm or	OR					
Individual Name						
Address						
Address						
City		State Zip				
Country Telephone		Fax				
		rax				
I am the: Applicant/Inve	ntor					
Д Дриоанини						
	ecord of the entire interest. See 37 CFR 3.					
Statement und	der 37 CFR 3.73(b) is enclosed. (Form PT	O/SB/96).				
	SIGNATURE of Applicant or Assigne	ee of Record				
Name BI	Name BRIAN K. LINSTEDT					
Signature						
Dat 12/03/03						
NOTE: Signatures of all the in	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
forms if more than on signature is required, see below*. 2 *Total of5 forms are submitted.						

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	·		
Filing Date			
First Named Inventor	BOYLE, Kenneth C.		
Group Art Unit			
Examiner Name			
Attorney Docket Number	P06090US00		

I hereby appoint:							
Practitioners at Cu OR Practitioner(s) nam		27139		Place Customer Number Bar Code Label here			
	Name		Registration Number				
				· · · · · · · · · · · · · · · · · · ·			
			<u> </u>				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR							
Firm <i>or</i> Individual Name							
Address							
Address							
City		<u> </u>	State	Zip			
Country							
Telephone			Fax	·			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name JOHN J. KNITTLE							
Signature John Strutt							
Date /12/03/03							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
✓ *Total of5forms are submitted.							